UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.65
12 July 1996

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Third regular session 1996
16-19 September 1996
Item 3 of the provisional agenda*

FOR ACTION

# RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

## Angola

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Angola with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $5,500,000 from general resources, subject to the availability of funds, and $30,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 1998.

* E/ICEF/1996/18.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

BASIC DATA
(1994 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 years) | 5.3 |
| U5MR (per 1,000 live births) | 292 |
| IMR (per 1,000 live births) | 170 |
| Underweight (% moderate and severe) | .. |
| Maternal mortality rate (per 100,000 live births) (1990) | 1,500 |
| Literacy (% male/female) (1990) | 56/29 |
| Primary school enrolment (% net, male/female) | ../.. |
| Primary school children reaching grade 5 (%) (1990) | 34 |
| Access to safe water (%) | 32 |
| Access to health services (%) (1980) | 30 |
| GNP per capita | a/ |
| One-year-olds fully immunized against: | |
| tuberculosis: | 48 per cent |
| diphtheria/pertussis/tetanus: | 27 per cent |
| measles: | 44 per cent |
| poliomyelitis: | 28 per cent |
| Pregnant women immunized against: | |
| tetanus: | 18 per cent |

a/ Estimated to be lower-middle-income ($726-$2,895).

## THE SITUATION OF CHILDREN AND WOMEN

1. Angola is emerging cautiously but progressively from a complex structural emergency. Potentially wealthy and self-sufficient, the country remains in social and economic crisis following 30 years of conflict. The 1994 Lusaka Peace Protocol ended the open conflict, and both the Government and the Uniao Nacional para a Independencia Total de Angola (National Union for the Total Independence of Angola) have pledged their commitment to peace and stability. However, much needs to be done to revitalize national unity and reconciliation. An estimated 45 per cent of the urban population live in poverty, while the rapid pace of displacement and urbanization (about 60 per cent) has placed an enormous burden on basic services.

2. Mortality indicators are among the world's highest. Direct causes of child mortality and morbidity are malaria, diarrhoea, acute respiratory infections (ARI), measles and other vaccine-preventable diseases. These are exacerbated by poor nutrition, lack of access to basic health services, recurrent epidemics and extremely poor domestic hygiene and sanitation. The majority of babies are born at home, in the absence of trained birth attendants and without the benefit of basic referral facilities should they be needed, resulting in an extremely high maternal mortality rate. HIV/AIDS prevalence is reportedly low, but enhanced freedom of movement and unsafe sexual practices among high-risk groups will increase transmission.

3. The coverage and quality of Government social services have deteriorated, with access and utilization rates declining steadily. Food production has fallen by more than 50 per cent since 1993 and malnutrition rates have reached 55 per cent in former besieged cities. Cuts in the education budget have resulted in overcrowded classrooms, poorly trained teachers, and high repeater and drop-out rates, particularly among girls. The emergence of thousands of street children and young girls forced into prostitution for economic reasons reflects the breakdown of family and community networks. Angola ratified the Convention on the Rights of the Child in 1991, but many basic policy issues related to child rights remain ill-defined.

## PROGRAMME COOPERATION, 1991-1996

4. The 1991-1995 country programme was formulated upon the critical assumption of projected peace and development. However, with renewed hostilities in 1992, most planned activities had to be suspended and the country programme adapted towards the emergency. A "bridging" programme for 1996 was subsequently approved, both to sustain the gains of the adaptive period and to begin to address the transition from emergency to rehabilitation.

5. Sectorally, UNICEF assisted national health workers to implement a successful measles-plus strategy, combining immunization with the distribution of vitamin A and oral rehydration salts. Water and sanitation services were provided for over 1 million persons in targeted peri-urban areas and internally displaced person (IDP) camps. In 1996, the Government introduced legislation on salt iodization, and iodization equipment was provided by UNICEF.

6. Under United Nations Department of Humanitarian Affairs (DHA) coordination, and in collaboration with other agencies, the emergency programme provided the basic needs for shelter, relief, survival and seeds/tools for more than 1.5 million IDPs and other vulnerable groups, including children in especially difficult circumstances (CEDC). The information and social communications programme developed community theatre and local language radio programmes to disseminate country-wide messages on child rights and mine-awareness and avoidance. Monitoring and evaluation activities focused on the development and use of early warning systems and broader databases on children and women, especially incorporating poverty indicators.

### Lessons learned

7. Lessons learned have included the need for: (a) an appropriate and flexible mix between emergency, rehabilitation and development programme components that are responsive to emerging needs in newly accessible locations; (b) advocacy for greater national budget allocations to the social sector; (c) selective targeting and focus on child goals that are locally applicable and feasible; (d) careful balancing between service delivery and capacity-building, with a phased transition towards the latter; (e) greater community empowerment through involvement in project development and implementation; (f) a strong subnational UNICEF presence for quicker programme implementation and response; (g) stronger monitoring, evaluation and supervisory mechanisms to more rapidly assess prevailing programme and operations performance; (h) coordinated inter-agency logistical operations; and (I) greater emphasis on building local programme ownership and sustainability.

RECOMMENDED PROGRAMME COOPERATION, 1997-1998

Estimated annual expenditure

(In thousands of United States dollars)

| | 1997 | 1998 | Total |
|---|---|---|---|
| General resources | | | |
| Emergency rehabilitation and field services | 320 | 320 | 640 |
| Social planning, research and evaluation | 180 | 180 | 360 |
| Advocacy, communication and social mobilization | 200 | 200 | 400 |
| Child survival, nutrition and safe motherhood | 600 | 600 | 1 200 |
| Water, sanitation and hygiene | 200 | 200 | 400 |
| Primary education | 300 | 300 | 600 |
| Child protection | 170 | 170 | 340 |
| Programme support | 780 | 780 | 1 560 |
| Subtotal | 2 750 | 2 750 | 5 500 |
| Supplementary funding | | | |
| Emergency rehabilitation and field services | 4 040 | 4 040 | 8 080 |
| Social planning, research and evaluation | 500 | 500 | 1 000 |
| Advocacy, communication and social mobilization | 500 | 500 | 1 000 |
| Child survival, nutrition and safe motherhood | 3 410 | 3 410 | 6 820 |
| Water, sanitation and hygiene | 3 360 | 3 360 | 6 720 |
| Primary education | 920 | 920 | 1 840 |
| Child protection | 920 | 920 | 1 840 |
| Programme support | 1 350 | 1 350 | 2 700 |
| Subtotal | 15 000 | 15 000 | 30 000 |
| Total | 17 750 | 17 750 | 35 500 |

Programme preparation process

8. The proposed two-year "bridging" programme will support the consolidation of the peace process and initiation of the Government's community rehabilitation programme. It will support sectorally-based national goals for children, jointly developed and agreed between UNICEF and the Government, and stimulate the development of a national programme of action for children. The Government, locally represented Executive Board members, donors and non-governmental organizations (NGOs) have participated in review and strategy sessions held during the programme preparation process.

Objectives and strategy

9. The following cross-cutting objectives will be pursued: (a) to focus attention on the basic survival and development needs of children; (b) to reduce mortality, morbidity and malnutrition; (c) to promote the rights of Angolan children and women; (d) to promote enhanced gender-awareness/equity in programme planning and implementation; and (e) to attain greater cost-effectiveness.

10. The programme has four main strategic elements: (a) support to service delivery, focusing on rehabilitation and expansion of essential social services for children; (b) national capacity-building through strengthening policy development and supervisory skills; and (c) advocacy, empowerment and social mobilization for behavioural change.

Emergency rehabilitation and field services

11. The programme will strengthen the capacity of the Ministerio de Assistencia e Reinsercao Social (MINARS) (Ministry of Social Affairs and Reintegration) to meet the basic service needs of up to 100,000 families of IDPs and demobilizing soldiers, support the extension of a rapid response capacity in at least eight provinces, and coordinate and monitor implementation of subnational components of sectoral programmes. UNICEF will provide equipment and supplies for the rehabilitation of basic social services and develop child-related components within plans for the reintegration of child soldiers.

Social planning, research and evaluation

12. The programme will build capacity for social policy analysis and planning for the transition period and support national development planning for children. Major areas of emphasis include advocacy and training for the revitalization of sectoral and demographic information systems, tracking the impact of economic reform on vulnerable groups, and the collation and dissemination of appropriate publications through the knowledge centre on Angolan children and women to be established.

Advocacy, communication and social mobilization

13. This programme aims to increase public awareness and understanding of the changing situation of children and women; stimulate needed behavioural change among target populations; and mobilize government, UNITA and other media outlets for concerted action to achieve programme objectives. Progress reports on the implementation of the Convention will be disseminated locally for public monitoring. Communications support will be given to HIV/AIDS control and prevention, in full collaboration with the Joint United Nations Programme on HIV/AIDS. Mine-awareness materials and training manuals will be reproduced and distributed to collaborating partners in target provinces.

Child survival, nutrition and safe motherhood

14. This programme will strive to deliver an integrated package of basic maternal and child health (MCH) services, promote adequate nutrition and raise measles immunization coverage to 85 per cent in urban areas and 50 per cent in accessible rural areas. The programme will also increase the use rate of oral rehydration therapy to 80 per cent and reduce the incidence of micronutrient deficiency disorders, ARI, diarrhoeal diseases and malaria. These objectives will be achieved by extending the measles-plus campaign and other MCH services to newly-accessible areas, re-equipping basic health infrastructure in strategic locations, building national capacity and advocating for a multisectoral approach to nutrition. The nutrition strategy will promote improved young child care, especially exclusive breast-feeding and appropriate weaning practices. Other strategies include the training of community health workers, the introduction of impregnated mosquito bed-nets and vitamin A supplementation.

Water, sanitation and hygiene

15. This programme will closely complement child survival and nutrition activities, particularly in relation to the control of diarrhoeal diseases. As the World Bank will be providing most of the support needed for urban water supply development, UNICEF will focus on support to rural and peri-urban areas. The programme will strengthen the planning, implementation and monitoring capabilities of collaborating national water agencies, improve access to safe water and sanitation services by 10 and 20 per cent, respectively, and strive to reduce the time spent by girls in collecting water. Through active community involvement, the supply of spare parts and training in pump maintenance, the programme will ensure that 80 per cent of installed hand-pumps are operational at any given time.

Primary education

16. Moving away from a supply orientation, the programme will strive to increase both the primary school enrolment rate and fourth grade completion rate by at least 10 per cent, paying special attention to girls' education; improve the quality of education; promote peace education in primary schools, including mine awareness; and stimulate greater community participation in basic education. The programme will also promote the creation of parent and community support groups to stimulate learning achievement and support the in-service training of teachers.

Child protection

17. This programme will support the Directorate for Children of MINARS and the National Institute for Children to focus on the special needs of children in especially difficult circumstances, particularly child soldiers and the war-traumatized, and help to accelerate the reintegration of separated and orphaned children through family tracing and reunification. The programme will support the development, implementation and coordination of national CEDC policy guidelines for relevant sectoral programmes and advocate for appropriate amendments of national legislation on special measures for child protection, including psycho-social trauma care.

Programme monitoring and evaluation

18. Regular field visits and comprehensive quarterly project reviews with the Government will be organized. A full-scale review in the last quarter of 1997, using the results of a second-round multiple indicator cluster survey, will assess attainability of sectoral objectives and provide the necessary data to support preparations for the next country programme. An integrated monitoring and evaluation plan, which incorporates a range of indicators used to measure the progress of programme implementation, will outline a research, survey and evaluation agenda.

Partnerships

19. General resources will be allocated to meet the costs of the most essential activities needed to ensure the progressive capacity-building of partners, as well as to cover programme planning and support costs. Supplementary funding will help to expand such capacity-building activities and meet service delivery objectives. Based on commitments from several donors, and positive indications from new sources of funds, adequate supplementary funding

is anticipated for the major sectors. Advocacy for the Government of Angola to commit its own share of the 20/20 initiative will be pursued as a major strategy in attracting external donor assistance.

Programme management

20. The Ministry of Planning will be the national coordinating body for the programme. Line ministries will assume responsibility for policy issues and technical oversight of implementation. The UNICEF Angola office has developed a programme management plan to maximize output and cost-effectiveness and to support continuity of programme implementation and rapid response should further disruptions occur.

21. UNICEF lent significant policy and programme support to DHA between 1993 and 1996. As DHA phases out by end-1996, the Government will assume the critical role of development coordinator. UNICEF will continue to collaborate with the World Health Organization in health sector reform and health programmes; with the United Nations Development Programme in the development of the country strategy note; and with the Office of the United Nations High Commissioner for Refugees in programme development in Moxico Province. Collaboration with the World Bank will be strengthened in support of health, education and poverty alleviation activities. UNICEF will continue to work closely with national and international NGOs.

# TABLE

## LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ANGOLA
PROGRAMME : 1997-1998

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET (In thousands of US dollars) | | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ (In thousands of US dollars) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | NSF | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| GENERAL RESOURCES : | | | | | | | | | | | | | | | | | |
| CHILD SURV., MAT.& SAFE MOTHERHOOD | 1,200 | | | 1,200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.0 | 83.3 | 83.3 |
| WATER, SANITATION AND HYGIENE | 400 | | | 400 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0.0 | 125.0 | 125.0 |
| ADV., COMMUN. & SOCIAL MOBIL. | 400 | | | 400 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0.0 | 83.3 | 83.3 |
| PROGRAMME SUPPORT | 1,560 | | | 1,560 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 0 | 14 | 17 | 774.8 | 588.0 | 1,362.8 |
| PRIMARY EDUCATION | 600 | | | 600 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 3 | 281.7 | 125.0 | 406.7 |
| CHILD PROTECTION | 340 | | | 340 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 |
| SOCIAL PLANNING, RESEARCH & EVAL. | 360 | | | 360 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 281.7 | 55.9 | 337.6 |
| EMERG. REHAB. & FIELD SERVICES | 640 | | | 640 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 311.8 | 41.7 | 353.5 |
| TOTAL GR | 5,500 | | | 5,500 | 0 | 0 | 0 | 1 | 3 | 2 | 6 | 4 | 18 | 28 | 1,650.0 | 1,102.2 | 2,752.2 |
| SUPPLEMENTARY FUNDING : | | | | | | | | | | | | | | | | | |
| CHILD SURV., MAT.& SAFE MOTHERHOOD | | 0 | 6,820 | 6,820 | 0 | 0 | 0 | 1 | 4 | 1 | 6 | 4 | 3 | 13 | 1,685.0 | 481.3 | 2,166.3 |
| WATER, SANITATION AND HYGIENE | | 0 | 6,720 | 6,720 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 3 | 2 | 7 | 703.5 | 379.5 | 1,083.0 |
| ADV., COMMUN. & SOCIAL MOBIL. | | 0 | 1,000 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0.0 | 166.6 | 166.6 |
| PROGRAMME SUPPORT | | 0 | 2,700 | 2,700 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 2 | 15 | 19 | 528.2 | 772.8 | 1,301.0 |
| PRIMARY EDUCATION | | 0 | 1,840 | 1,840 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 |
| CHILD PROTECTION | | 0 | 1,840 | 1,840 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 3 | 281.7 | 125.0 | 406.7 |
| SOCIAL PLANNING, RESEARCH & EVAL. | | 0 | 1,000 | 1,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 |
| EMERG. REHAB. & FIELD SERVICES | | 0 | 8,080 | 8,080 | 0 | 0 | 0 | 0 | 4 | 0 | 4 | 4 | 20 | 28 | 1,206.6 | 1,209.5 | 2,416.1 |
| TOTAL SF | | 0 | 30,000 | 30,000 | 0 | 0 | 0 | 3 | 10 | 2 | 15 | 16 | 41 | 72 | 4,405.0 | 3,134.7 | 7,539.7 |
| TOTAL GR & SF | 5,500 | 0 | 30,000 | 35,500 | 0 | 0 | 0 | 4 | 13 | 4 | 21 | 20 | 59 | 100 | 6,055.0 | 4,236.9 | 10,291.9 |
| ADM. & PROGRAMME SUPPORT BUDGET | Operating costs | | | 1,419.8 | | | | | | | | | | | | | |
| | Staffing | | | | 0 | 1 | 1 | 2 | 0 | 0 | 4 | 1 | 10 | 15 | 1,306.3 | 596.4 | 1,902.7 |
| GRAND TOTAL (GR+SF+ADM) | | | | | 0 | 1 | 1 | 6 | 13 | 4 | 25 | 21 | 69 | 115 | 7,361.3 | 4,833.3 | 12,196.6 |
| | Number of posts and staff costs: | | | | | | | | | | | | | | | | |
| | Current programme cycle | | | | | | | | | | 31 | 8 | 53 | 92 | | | |
| | At the end of proposed programme cycle (indicative only) | | | | | | | | | | 25 | 21 | 69 | 115 | 7,361.3 | 4,833.3 | 12,196.6 |

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.